

8239 (4)

Affidavit and Revenue Certification

Boothville-Venice Volunteer Fire Department
Plaquemines Parish
Venice, Louisiana

**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)**

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

Personally came and appeared before the undersigned authority, Gregory Buras Sr. (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Boothville-Venice Volunteer Fire Department (entity name) as of 2014 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, Gregory Buras Sr., (officer name), who, duly sworn, deposes and says that Boothville-Venice Volunteer Fire Department (entity name) received \$50,000 or less in revenues and other sources for the year ended 2014, and accordingly, is not required to have an audit for the previously mentioned year.

Sworn to and subscribed before me this 9TH day of April, 2015.

Officer Signature

NOTARY PUBLIC

JAMES F. GASQUET, III
Notary Public, Bar No. 26294
State of Louisiana
Commission Issued for Life

Officer's Name Gregory Buras Sr.
Officer's Title President
Address P.O. Box 83
Venice La 70091
PH/Fax/E-mail 504-912-4754

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 22 2015

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor –
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement A

Boothville-Venice Volunteer Fire Department (Agency Name)**Statement of Cash Receipts and Disbursements
For the Year Ended 2014** (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Donations	\$26594.91	\$0	\$26594.91
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$26594.91</u>	<u>\$0</u>	<u>\$26594.91</u>
DISBURSEMENTS (Provide Brief Description):			
7. Supplies and groceries for fire house	\$1456.82	\$0	\$1456.82
8. Insurance	\$190.00	\$0	\$190.00
9. Bank Fees	\$221.24	\$0	\$221.24
10. Legal Fees	\$1350.00	\$0	\$1350.00
11. Fundraiser Expense	\$7828.04	\$0	\$7828.04
12. Donations	\$2945.50	\$0	\$2945.50
13. Total Disbursements (add lines 7 - 12)	<u>\$13991.60</u>	<u>\$0</u>	<u>\$13991.60</u>
14. Change in fund balance (Lines 6 minus 13)	\$12603.31	\$0	\$12603.31
15. Fund Balance at beginning of year	\$6265.80	\$0	\$6265.80
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$18869.11	\$0	\$18869.11

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

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Statement B

Boothville-Venice Volunteer Fire Department (Agency Name)

Balance sheet, on 2014 (year-end)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$0	\$0	\$0
2. Investments (fair value) on hand	\$0	\$0	\$0
3. Office furnishings (Cost of desks, etc)	\$0	\$0	\$0
4. Equipment (Cost of fax machine, etc)	\$0	\$0	\$0
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$0	\$0	\$0
12. Fund balance (amount from Line 16 on Statement A)	\$18869.11	\$0	\$18869.11
13. Other	\$0	\$0	\$0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$18869.11</u>	<u>\$0</u>	<u>\$18869.11</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer

Agency Head Name: Gregory Buras, Sr.

Purpose	Amount
Salary	\$0
Benefits-insurance	\$0
Benefits-retirement	\$0
Benefits-other (describe)	\$0
Benefits-other (describe)	\$0
Benefits-other (describe)	\$0
Car allowance	\$0
Vehicle provided by government (enter amount reported on W-2)	\$0
Per diem	\$0
Reimbursements	\$0
Travel	\$0
Registration fees	\$0
Conference travel	\$0
Housing	\$0
Unvouchered expenses (example: travel advances, etc.)	\$0
Special meals	\$0
Other	\$0